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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/803,257	03/09/2001	Oliver W. Gamble	3670-4002	7057
7590 01/04/2006			EXAMINER	
OLIVER W. GAMBLE			CHOW, MING	
436 EAST 75TH STRET NEW YORK, NY 10021			ART UNIT	PAPER NUMBER
•			2645	
			D. TE M. H. ED. 01/04/200	,

DATE MAILED: 01/04/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

	Application No.	Applicant(s)				
	09/803,257	GAMBLE, OLIVER W.				
Interview Summary	Examiner	Art Unit				
	Ming Chow	2645				
All participants (applicant, applicant's representative, PTO personnel):						
(1) Ming Chow.	(3)					
(2) Oliver Gamble.	(4)					
Date of Interview: 23 December 2005.						
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative]						
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.					
Claim(s) discussed: <u>General</u> .						
Identification of prior art discussed:						
Agreement with respect to the claims f)□ was reached. g)⊠ was not reached. h)□ N/A.						
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Applicant presented arguments and amendments to be filed as the response to the previous Office Action. The Examiner reminded the Applicant to include all detail in the response.</u> (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS						
GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	DAYS FROM THIS WHICHEVER IS LATER, TO				

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required